Case 19-14466-amc Doc 16 Filed 12/11/19 Entered 12/11/19 13:37:40 Desc Main Document Page 1 of 2

						_								
Fill	in this information to identify your ca	ase:												
Del	otor 1 Karen Pell				_									
	otor 2 buse, if filing)													
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	A	_									
	se number 19-14466		_			Chec	k if this is:							
(If kr	nown)						n amende	d filing						
									g postpetition ollowing date:	chapter				
0	fficial Form 106I					Ī	/M / DD/ Y	YYY						
S	chedule I: Your Inc	ome								12/15				
spo atta Par	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **T1: Describe Employment**	ır spouse is not filing wi	ith you, do not inclu	de infor	mati	on abou	t your spo	use. If mo	ore space is	needed,				
1.	Fill in your employment information.			Debtor 1					Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	Employed		☐ Employed									
	attach a separate page with information about additional employers.	Employment status	☐ Not employed		☐ Not employed									
		Occupation	Litigation Mgr.											
	Include part-time, seasonal, or self-employed work.	Employer's name	New Jersey Pro	w Jersey Property Guaran										
	Occupation may include student or homemaker, if it applies.	Employer's address	233 Mount Airy Basking Ridge,											
		How long employed t	here? 4 years	<b>i</b>			_							
Pai	rt 2: Give Details About Mor	nthly income												
spoi If yo	mate monthly income as of the duse unless you are separated.  but or your non-filing spouse have must be space, attach a separate sheet to	ate you file this form. If	,	•			that perso	n on the lir	·	J				
						10106			ng spouse					
2.	List monthly gross wages, sala deductions). If not paid monthly,		2.	\$	6	,449.99	\$	N/A						
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A					
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	6,4	49.99	\$	N/A					

Debto	r 1	Karen Pell			Case number (if known)				19-14466			
					For	Debtor 1				ebtor 2		
	Сор	y line 4 here	4.		\$_	6,44	9.9	9	\$	iling s <sub>l</sub>	N/A	_
5.	l ist	all payroll deductions:										
		• •	5	_	\$	4 40	^ ^	4	<b>c</b>		NI/A	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5i		* *	1,49			\$		N/A N/A	_
	ъь. 5с.	Voluntary contributions for retirement plans	5		<b>\$</b> -		0.0 0.0	_	\$——		N/A	_
	5d.	Required repayments of retirement fund loans		d.	\$_		0.0 0.0	_	\$		N/A	_
	5e.	Insurance		e.	<u> </u>	73		_	\$		N/A	_
	5f.	Domestic support obligations	51		\$_		0.0	_	\$		N/A	_
	5g.	Union dues	5	g.	\$		0.0	_	\$		N/A	_
	5h.	Other deductions. Specify:		h.+	\$_		0.0	_	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,22	7.6	8	\$		N/A	_
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,22			\$		N/A	_
;	<b>List</b> 8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	81 <b>t</b> 86 86	d. e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.0 0.0 0.0 0.0	0 0 0 0	\$\$ \$\$ \$\$		N/A N/A N/A N/A	- - - -
	8g.	Pension or retirement income	— 8		\$-		0.0		\$		N/A	_
	8h.	Other monthly income. Specify: Pro Rated Tax Refund		o h.+	· —	30			· —		N/A	_
9.	۷٩٩	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	— 9.		\$	30	n n	^	\$		N/A	_
J	Auu	an other moone. Add mics our object our our ogron.	J.		Ψ	30	0.0		Ψ		14//	
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		4,522.31	+	\$		N/A	= \$	4,522.31
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					]					
	Incluothe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	r dep			•				hedule 11.		0.00
,		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$	4,522.31
13.	Do y	you expect an increase or decrease within the year after you file this form	1?									y income
		No										
		Yes. Explain:								_		